

CONFINED SPACE ENTRY PERMIT

DATE OF PERMIT:			EXPIRATION DATE/TIME:		
LOCATION:			DESCRIPTION:		
PURPOSE OF ENTRY: (Operations to be conducted)					
AUTHORIZED ENTRANTS:			AUTHORIZED ATTENDANTS:		
ATMOSPHERIC TEST DATA					
TEST	PRE-ENTRY	FOLLOW-UP			
Oxygen Content					
Explosive (%LEL)					
Toxins (Specify)					
Tested by:	Date/Time:				
INSTRUMENT	MODEL	SERIAL NO.	CALIBRATION DATE	COMMENTS (Hazard of Permit Space)	
REQUIRED SAFETY PRECAUTIONS					
REQUIREMENT	YES	NO	SPECIFICS		
Attendant					
Respiratory Protection					
Protective Clothing					
Protective Clothing					
Protective Equipment					
Rescue Equipment					
Lockout/Tagout					
Ventilation					
Follow-up Testing					
Other Controls (specify)					
Communication Practices					
EMERGENCY CONTACT:			PHONE:		
OTHER COMMENTS:					
ENTRY SUPERVISOR'S SIGNATURE:			CONFINED SPACE PROGRAM MANAGER'S (OR QUALIFIED PERSON'S) SIGNATURE:		